



Navy and Marine Corps Medical News



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March 2012

MEDNEWS Items of Interest

The Navy and Marine Corps Public Health Center is now accepting nominations for the Calendar Year 2011 Navy and Marine Corps Public Health Awards. Award nomination packages must be received by April 6. For more info: http://www.nmcphe.med.navy.mil/Public_Health_Conference/awards.aspx or email: awards@nehc.mar.med.navy.mil.

April is Sexual Assault Awareness Month. Learn about the effects sexual assault has on the military's mission readiness and this month's activities: <http://www.sapr.mil/index.php/saam>.

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: New Orleans (April 16-23), Nashville (May 7-13), Baltimore (June 13-19), Boston (June 29-July 6), Chicago (Aug. 13-20) and Buffalo (Sept. 10-17).

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Did You Know?

Physical fitness is one of the main areas of the 21st Century Sailor and Marine initiative which consolidates a set of objectives and policies, new and existing, to maximize Sailor and Marine personal readiness, build resiliency and hone the most combat-effective force in the history of the Department of the Navy.

Squadrons earn Blue "M" Award for sustained medical readiness

By Sharon McIntyre, Naval Hospital Oak Harbor, Public Affairs

OAK HARBOR, Wash. - For the second consecutive year Naval Hospital Oak Harbor's aviation/operational medicine clinic was recognized for medical readiness with an impressive 20 of 20 squadrons at Naval Air Station Whidbey Island earning the Blue "M" award (Medical) for their vital role in targeting risk reduction interventions to reduce morbidity, decrease disability and mortality due to specific disease or injury in their defined population.

The combined effort of the collective squadron's chain of command and the hospital is what makes the team so successful when it comes to medical readiness. Each active duty member assigned

to operational forces, receives a full physical or Periodic Health Assessment including dental, optometry, labs and immunizations in one day.

The assigned corpsmen keep a watchful eye on delinquent individuals and their persistence has resulted in an overall readiness score above 90%. The Blue "M" is an integral part to a squadron earning the Battle "E" award (Effectiveness). The Blue "M" also involves a record review by the commander, Naval Air Forces Surgeon. The Naval Air Station is consistently rated as one of the best regions for medical record keeping in the Navy.

"This is the second year running we have had a clean sweep with all 20 squadrons receiving the Blue "M", said Capt.

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Photo by Mass Communication Specialist 1st Class Johnnie Hickmon

Left, Hospital Corpsman Abel Leon explains to Marines of Battalion Landing Team, 1st Battalion, 4th Marines, 31st MEU, where to administer a pressure dressing during basic first aid training aboard the forward-deployed amphibious dock landing ship USS Germantown (LSD 42). Elements of the 31st MEU embarked on Germantown to participate in Cobra Gold 2012, a multinational exercise held in the Kingdom of Thailand and designed to enhance interoperability with participating nations.

NAVY MEDICINE: SUPPORTING THE 21ST CENTURY SAILOR AND MARINE

One of my top priorities since becoming the Navy Surgeon General last November is to ensure that Navy Medicine is strategically aligned with the imperatives and priorities of the Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps. Our focus remains in alignment with

our Navy and Marine Corps leadership as we support the defense strategic guidance, "Sustaining U.S. Global Leadership: Priorities for the 21st Century" issued by the President and Secretary of Defense earlier this year. The Chief of Naval

Operations in his "Sailing Directions" has articulated the Navy's core responsibilities and Navy Medicine stands ready as we move forward at this pivotal time in our history.

As such, I am also proud to report that Navy Medicine is a key partner in supporting the new "21st Century Sailor and Marine" initiative that the Secretary of the Navy announced recently. This initiative is a set of objectives, programs

and policies across a spectrum of wellness that maximizes the personal readiness of Sailors, Marines and their families.

Personal readiness of our people directly relates to our ability to maintain a fit and ready force to answer the call when our nation needs us. The programs included as part of the new initiative

"Personal readiness of our people directly relates to our ability to maintain a fit and ready force to answer the call when our nation needs us."

- Vice Adm. Matthew Nathan
U.S. Navy Surgeon General

focus on building and maintaining the resiliency of the force which are vital after a decade of combat.

Everyday across the globe, we support the operational missions and core capabilities of the Navy and Marine Corps by maintaining warfighter health readiness, delivering the

continuum of care from the battlefield to the bedside and protecting the health of all those entrusted to our care. Force Health Protection is at the epicenter of everything we do. It is an expression of our Core Values of Honor, Courage and Commitment and the imperative for our world-wide engagement in support of expeditionary medical operations and combat casualty care. It is at the very foundation of our continuum of care in support of the warfighter and optimizes our ability to promote, protect and restore their health. It is both an honor and obligation.

The heart of the new "21st Century Sailor and Marine" initiative is to provide preventive measures to ensure the readiness of our naval personnel. Health is not





Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

simply the absence of infirmity or disease – it is the complete state of physical, mental, spiritual and social well being. The overall goal of the new program is to provide Sailors and Marines with the support network, health care, and skills needed so they can overcome any adversity and thrive. We aim to build a culture where all leaders recognize the importance of providing timely support to our Sailors and their families which is key to military readiness.

The men and women of Navy Medicine will play a vital role in supporting this initiative. As the Navy continues to highlight the dangers of prescription and synthetic drug abuse, deglamorize the use of alcohol and smoking and reinforce healthy alternatives while on liberty, the line community will look to us to provide them our support and expertise in these areas. I have every confidence that you will all be there ready to support them and this important program.

Thank you for suiting up every day. I am so proud to be part of your team, and it is my honor to serve with you. I look forward to seeing you around the Fleet.

**Navy and Marine Corps
Medical News**

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USS New Orleans launches 'crews into shape' program

By Mass Communication Specialist 2nd Class Dominique Pineiro, Amphibious Squadron 5 Public Affairs

USS NEW ORLEANS, At sea - Sailors deployed aboard amphibious transport dock ship USS New Orleans (LPD 18) started a "Crews into Shape" fitness program, March 9.

The 12th annual challenge, sponsored by the Navy and Marine Corps Public Health Center (NMCPHC), is a four-week long event held at the beginning of every March in conjunction with National Nutrition Month.

"This is a health and wellness challenge that is open to all members of the Department of Defense (DOD). It's important to stay in shape, and this goes along with the Navy's culture of fitness," said Hospital Corpsman 1st Class Edison Sayaman, the assistant command fitness leader aboard New Orleans. "You only have one body, so it's important to take care of it."

The New Orleans Crews into Shape team, dubbed the "Big Easy Sailors," is made up of ten Sailors. Points are awarded to each member who engages in at least 30 minutes of moderate activity, 20 minutes of vigorous aerobic exercise or muscle-strengthening exercise that work all major muscle groups. Points are also awarded for group exercise activity with their team and teams who eat two cups of fruit and three cups of vegetables per day.



Courtesy photo

Sailors deployed aboard amphibious transport dock ship USS New Orleans (LPD 18) started a "Crews into Shape" fitness program, March 9.

Sayaman, who also serves as the team's crew leader, said he plans to have his team participating in physical activity as a group twice a week.

"The ship already has great programs to help us stay in shape, we have spin class, circuit training as well as flight deck runs," said Sayaman. "Group exercise also allows us to help motivate each other."

This year's challenge includes 730 DOD personnel registered on more than 130 teams.

Once the challenge concludes, points are tallied up and put into an overall database where teams from across the DoD can see where they rank with one another.

Crews into Shape has been organizing and emphasizing this team-based healthy lifestyle since 2001.

New Orleans and embarked Marines assigned to the 11th Marine Expeditionary Unit are deployed as part of the Makin Island Amphibious Ready Group, supporting maritime security operations

and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.

Physical fitness is one of the main areas of the 21st Century Sailor and Marine initiative which consolidates a set of objectives and policies, new and existing, to maximize Sailor and Marine personal readiness, build resiliency and hone the most combat-effective force in the history of the Department of the Navy.

SQUADRONS

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Steve Mattson, Senior Regional Flight Surgeon. "These awards are based on a sustained high level of medical readiness in addition to the viable Health Promotion Program and medical record audit. This is not an easy task and says a lot for the hard work, long hours, and dedication to duty by the respective Squadron Flight Surgeons and corpsman it takes to achieve this goal."

Select members of the Electronic Attack Squadron, Maritime Patrol Squadron, and Fleet Air Reconnaissance Squadrons received the Blue "M" Award.

"Our team Whidbey approach to medical readiness is why NASWI continues to exceed the standard for medical readiness Navy Wide," said Chief Hospital Corpsman David E. Gray, Patrol Squadron Four Six (VP-46) and Directorate Leading Chief Petty Officer, for Aviation Medicine, Deployment Health Center and Search and Rescue Medical Dept.

The Aviation Medicine Clinic shares this unprecedented award recognition

with the Naval Hospital Oak Harbor, Commander, Electronic Attack Wing, U.S. Pacific Fleet, Commander, Patrol and Reconnaissance Wing TEN, Naval

Air Station, Whidbey Island, and Marine Aviation Training Support Group 53 for their leadership and tenacity for ensuring medical readiness is a top priority.



Photo by Sharon McIntyre

Select members of the Electronic Attack Squadron, Maritime Patrol Squadron, and Fleet Air Reconnaissance Squadrons received the Blue "M" Award at Naval Hospital Oak Harbor. The members won the award for their vital role in targeting risk reduction interventions to reduce morbidity, decrease disability and mortality due to specific disease or injury in their defined population.

Navy's top doc honors Medical Corps birthday

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Navy Surgeon General sent a message to the Navy Medical Corps on March 2 in honor of its birthday Saturday, March 3.

"Today we celebrate the 141st Birthday of our Medical Corps," said Vice Adm. Matt L. Nathan, Navy surgeon general and chief, Bureau of Medicine and Surgery. "Navy physicians serve from the sea to the battlefield all the way to the halls of Congress and the White House. They serve in the aviation and undersea medical communities, and as astronauts exploring the frontiers of space."

The Medical Corps was founded March 3, 1871, with the mission of providing medical care to U.S. Navy and U.S. Marine Corps personnel aboard ships and shore stations, as well as on the battlefield.

"I am understating it when I say that the Medical Corps' role has grown in complexity and value since 1871," said Nathan. "The Navy Medical Corps continues to pave new frontiers in biomedical research, medical education

and training, and patient care delivery at our clinics, hospitals, aboard our afloat platforms, and in combat theaters."

Today, more than 4,000 active duty and Reserve Navy doctors serve with both the Navy and the Marine Corps throughout the world, providing exemplary care to Sailors, Marines and their families.

Speaking directly to the members of the Medical Corps Nathan said that the American people can be proud of what they are accomplishing.

"Our status with the American people and among those in the Navy and Marine Corps has never been higher," said Nathan. "They recognize that you have met the mission, answered the bell and set the bar high. They recognize that you are part of a group of people that stand up when called and step forward when needed.

I want to convey my deep gratitude for your selfless service, your dedication and your sacrifice in order to accomplish the mission and serve those who serve. I am so proud to be your shipmate and it is my honor to serve with you."



Navy Medicine celebrates Black History Month

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The U.S. Navy Bureau of Medicine and Surgery (BUMED) celebrated National African-American History Month, Feb. 27.

This year's theme for the month is "Black Women in American Culture and History."

"As courageous visionaries who led the fight to end slavery and tenacious activists who fought to expand basic civil rights to all Americans, African American women have long served as champions of social and political change," according to the Presidential Proclamation, National African American History Month, 2012. "And from the literary giants who gave voice to their communities to the artists whose harmonies and brush strokes captured hardships and aspirations, African American women have forever enriched our cultural heritage."

The BUMED ceremony included a presentation from guest speaker Pamela

Montgomery, director and chief counsel for training, United States Sentencing Commission. Montgomery shared stories of three notable African-American women in United States history, Alice Woodby McKane, Harriet Tubman and Mary McLeod Bethune.

"[These women] through strength, determination and resilience, were able to overcome obstacles," Montgomery said. "[They were] ordinary woman who did extraordinary things with their lives."

Montgomery used the three notable women as examples of those who fought for their dreams despite the challenges they faced. She illustrated the fact that people should use Black History Month and the people it recognizes as inspiration.

"If you're thinking of giving up your dream, don't," Montgomery said. "The breakthrough might be right around the corner."

Navy Medicine leadership echoed Montgomery's sentiments and discussed

the role of diversity throughout the Navy Medicine enterprise.

"Celebrating the diversity and culture of all our personnel is of vital importance to our Navy Medicine community," said Navy Capt. Rebecca McCormick-Boyle, BUMED chief of staff. "Recognizing our differences and building strength through our divergent experiences is our ultimate goal as we continue to provide the very best in patient and family-centered care."

The United States Sentencing Commission is an independent agency of the judicial branch of the federal government of the United States. It is responsible for articulating the sentencing guidelines for the United States Federal courts. The Commission promulgates the Federal Sentencing Guidelines, which replaced the prior system of indeterminate sentencing that allowed trial judges to give sentences ranging from probation to the maximum statutory punishment for the offense. It is headquartered in Washington, D.C.



View more Navy Medicine photos online at:
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Expeditionary doctor spearheads medical training in Mexico

By Seaman Katrina Savarese, Navy Expeditionary Combat Command

VIRGINIA BEACH, Va. -A team of U.S. Navy medical specialists deployed to Acapulco, Mexico Search, Rescue and Diving School, Feb. 18 to 25, to teach a training course focusing on hyperbaric oxygen therapy, in response to a request from the Mexican navy.

This type of training opportunity marks a first in U.S. Navy history, where U.S. forces put together a clinical medical course, as well as instructed the course on behalf of a foreign navy.

Capt. Bruce A. Cohen, Force Surgeon at Navy Expeditionary Combat Command, directed the course. Cohen holds a Fellowship in Hyperbaric/Hypobaric Medicine from Duke University Medical Center.

A hyperbaric chamber is a sealed cylindrical chamber that artificially reproduces the hyperbaric pressure conditions found under the sea. The contained environment created by the chamber allows for an isolated form of oxygen therapy used in many diving-related and non-diving medical applications. These chambers are essential in preventing and treating decompression sickness in divers.

"The intent was to provide a series of courses training Mexican navy personnel in the operations and training procedures for hyperbaric chambers, and assist them in establishing a military certification process for trained personnel," said Cohen.

In September of 2011, Cohen met with



Photo by Kelly Gann

Cmdr. Matthew Turner with U.S. Northern Command congratulates Mexican Navy sailors upon completion of the clinical hyperbaric training course at the Search, Rescue and Diving School in Acapulco, Mexico, Feb. 24. A group of U.S. Navy medical specialist instructed the course for 30 Mexican navy physicians, nurses and divers.

Mexican officials to discuss the goals of the fellowship between the two nations. He then assembled a team of colleagues; Capt. Brett B. Hart, head of the Hyperbaric Training Department at the Naval Aerospace Medicine Institute; Master Chief Hospital Corpsman Dennis Polli, the fleet medical master chief at U.S. Fleet Forces Command; and Master Chief Mitchell T. Pearce, the force medical master chief at NECC, and gathered current materials to prepare a 40-hour training

course for the Mexican navy.

The primary focus was on chamber operations, wound care, and basic medicine for treatment of patients in a hyperbaric environment. During the five-day course, the two navies worked together sharing knowledge, discussing case studies, and participating in lectures and group interactions.

A group of 30 Mexican navy physicians, nurses and divers from all over the country attended the course in the newly renovated Search, Rescue and Diving School in Acapulco. The school provides students with a state of the art facility and the latest technology including a hyperbaric chamber, real-time instant translators, and electronic whiteboards.

This initial training was the first of four proposed courses. The following courses will allow the students from the first course to transition into a training role by the final course. Upon completion of the series, the Mexican sailors will be instructing the course and have established a certification process.

"As an educator, I was very pleased with this first outcome, I think this has a good future and the students will certainly be able to take it over by the fourth course," said Cohen. "I look forward to going back and watching the program grow."

Class is in Session!

Navy and Marine Corps Public Health Center, Portsmouth, Va., will host a Certified Health Physics Review class from May 14-16, 2012. Dr. Thomas Johnson, PhD, Colorado State University, will be teaching the course intended for radiation health officers and enlisted technicians. The course will cover the basics of the American Board of Health Physicist exam, topics covered, and basic calculations. For more information and course registration, contact: Lt. Terry Miles 757-953-0766 or email terry.miles@med.navy.mil.

Nimitz med dept. performs emergency procedure at sea

By Mass Communication Specialist 3rd Class Jacquelyn Childs, USS Nimitz Public Affairs

USS NIMITZ, At Sea - USS Nimitz (CVN 68) Health Services Department performed an emergency procedure at sea March 6, less than 24 hours after getting underway for the first time in more than a year.

Hospital Corpsman 1st Class (SW) James Ruane, an independent duty corpsman (IDC), alerted the ship's surgeon, Lt. Karen Woo, when a patient arrived showing typical symptoms of appendicitis including nausea, abdominal pain, tenderness, and loss of appetite.

"The patient checked in at the front desk for sick call," said Ruane. "We were getting a lot of nausea and vomiting complaints because of the sea sickness, but he didn't start getting sick until that morning and was having abdominal pain that started late the night before and progressively got worse."

After a thorough examination in which Ruane checked the abdominal muscles for muscle rebound pain and asked the patient to stand and jump in the air which he was unable to do, Ruane sent the patient to the laboratory for a blood test. After the results showed his white blood cell count was somewhat low Ruane notified Woo of the appendicitis.

Woo checked the patient out and made the clinical decision of an immediate appendectomy. At that point, the only decision was whether to do the surgery on board or have the patient medically evacuated. After assessing the challenges and risks of both a helicopter evacuation and operating on the ship, the command decided to perform the surgery in the operating room on the ship.

"Lt. Woo talked to our senior medical officer and told him we were ready to do the job on the ship here and had all the proper equipment and manpower," said Hospital Corpsman 3rd Class (SW/AW) Jason Ast.

According to the corpsmen, performing the operation at sea is the best thing for everyone.

"We'd rather have procedures like that done here on the ship when they can, instead of medevac when there's no need



Photo by Mass Communication Specialist 3rd Class Robert Winn

Sailors man the rails aboard the aircraft carrier USS Nimitz (CVN 68) as the ship departs Naval Base Kitsap-Bremerton to begin sea trials, March 5. The underway marks the first time the ship has been to sea since it began a docked planned incremental availability in December 2010.

for it," said Hospital Corpsman 2nd Class Marcos Guevara.

One concern was the preparation of the department just coming out of the yards, and whether they would have all the appropriate equipment and training to complete the task. According to Woo, her team was perfectly ready to perform this type of procedure.

"It's always nerve-racking when you come out of the yards and then you find out you have all this stuff you need," said Woo. "But with good supply and good team efforts we performed the surgery like you would at a hospital."

Medical personnel took time in the yards to train and prepare for these types of situations.

"I think we did a very good job on preparing ourselves for a situation like this," said Ast. "We went through a couple mock scenarios for situations like this."

Sailors were able to come together to make all the necessary preparations for the procedure.

"We basically just sterilized all the instruments and set up the room to do the procedure," said Guevara. "It was kind of incredible because it was the first time

we've done this type of surgery in more than two years. Overall I feel the procedure went well."

The team and their success was led by Woo, who performed the surgery.

Woo gives credit to the success of the operation to her team, including the hospital corpsmen and other doctors.

"The surgery went well," said Woo. "Surgery in itself has complications and risks and when we're out to sea it even adds a little more risk to it. I'm just glad I had a good team."

According to Woo, the medical team on board Nimitz is very supportive of one another and they were able to come together to assist in this procedure and make it a success.

"It's like 'teamwork is a tradition', it's no joke," said Woo. "It's serious on Nimitz, you have to have teamwork."

The patient is currently recovering in the Intensive Care Unit and doing well.

Nimitz is currently underway for the first time in more than a year since it entered its Docked Planned Incremental Availability. After completing sea trials, the ship will arrive at its new homeport of Everett, Wash.

Got News?



If you'd like to submit an article or have an idea for one, contact
MEDNEWS at 202-762-3160 or Valerie.Kremer@med.navy.mil

Navy to begin testing for synthetic chemical compounds

From Chief of Naval Personnel Public Affairs

WASHINGTON - The Navy announced March 12 that it will begin random testing of urine samples for synthetic chemical compounds like Spice this month.

Commanders may take appropriate actions related to health, safety, and security based on a positive result. Every positive sample will be sent to NCIS for further investigation with a view towards potential disciplinary or adverse administrative action by the service member's command.

"There is zero tolerance for the use of drugs - synthetic or otherwise - in our Navy," said Vice Adm. Scott R. Van Buskirk, Chief of Naval Personnel. "Synthetic chemical compound drug use impacts a Sailor's career, their family life and overall well-being while also impacting Fleet Readiness. If a Sailor makes a poor choice and uses these types of drugs, they need to know that there will be consequences."

The initial testing will be conducted by a contracted laboratory, with Navy Drug Screening Laboratory capable of conducting in-house testing later this year.

The Navy has been testing urine samples seized from suspects during criminal investigations for nearly a year. Navy and Marine Corps commanders can have urine samples tested

for several of the compounds found in Spice-like products at the Armed Forces Medical Examiner System (AFMES) when the sample has been collected in conjunction with an ongoing investigation.

The capacity for testing for designer drugs will continue to expand. During fiscal year 2012 the Navy will invest \$1,730K to test for synthetic chemical compounds and expects to increase that amount to \$2,900K in fiscal year 2013.

The Navy continues to educate Sailors on the dangers of drug use to include new and designer drugs through targeted awareness campaigns and continues to work closely with local governments to identify users and distributors.

This program is a key element of the readiness area of the 21st Century Sailor and Marine initiative which consolidates a set of objectives and policies, new and existing, to maximize Sailor and Marine personal readiness, build resiliency and hone the most combat-effective force in the history of the Department of the Navy.

For more information about the testing policy read the NAVADMIN 082/12 and visit www.npc.navy.mil or contact NPC customer service center at 1-866-U-ASK-NPC or CSC-mailbox@navy.mil.



Patient Safety Week highlights safe care at Bremerton

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton officially commenced National Patient Safety Week of Mar. 4-10 with a kickoff celebration on Mar. 5.

The annual week-long event focuses on enhancing, improving and increasing awareness on a wide range of patient-related safety topics for beneficiaries, staff and command visitors.

"By engaging our staff and engaging our patients with such tools as these at work and at home, we'll make where we work and live that much safer. The more we know about our health and safety, the better off we will be. "Be aware for safe care" is our theme this year. We want to ensure that we have safe patient care every day," said Cmdr. Sarah Butler, NHB Quality Management department head.

Butler shared that some things patients can do to "Be aware for safe care" include; seeking information and questions; keeping track of their family (medical) history; knowing and writing down personal health care history; exploring healthcare options and selecting a hospital, doctor and pharmacy that fit their needs; choosing a family or friend as a health care



Photo by Doug Stutz

Naval Hospital Bremerton's National Patient Safety Week included several static displays to test situational awareness for patient safety, which is just what Hospitalman Gregory Anderson, of NHB's ICU/Critical Care is doing with the "Patient Safety Seek and Find display." The display featured a bed-ridden manikin patient, with associated medical and hospital props that may or may not be conducive to proper patient care. The goal was for each participant to try and find the 15 errors associated with the display.

advocate; following up on test results; and evaluating their environment (at home, work, away) to assess (any) risk of falling.

The kickoff ceremony also included NHB's Quality Management staff re-

launching the Staff Safety Handbook campaign. "We've always meant to have

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Rush relieves watch at BUMED

By André B. Sobocinski, Navy Medicine Office of the Historian

WASHINGTON - With the Bureau of Medicine and Surgery's departure from its Hilltop in Foggy Bottom this summer, we find ourselves saying good-bye to an old friend. Roland Hinton Perry's bronze likeness of Dr. Benjamin Rush has stood watch for 108 years of Navy medical history from his limestone perch on the north side of this campus. He has seen the disestablishment of the Naval Museum of Hygiene in 1905, and the relocation of the Naval Medical School and Naval Hospital Washington, DC, to Bethesda, Md., in February 1942. He has welcomed the Bureau of Medicine and Surgery here in August 1942 and 70 years later stands witness to its transition to the former Raytheon complex in Falls Church, Va.

Although Dr. Rush has remained silent on the subject, he too has found a new home. Within the next few months the statue will be moving to the Uniformed Services University of the Health Sciences (USUHS).

The Nation's first monument to the colonial-era physician, pamphleteer, and signer of the Declaration of Independence has not always been accessible to those outside the government and many people do not even know it exists. This hidden memorial has also been



Photo by André B. Sobocinski

The Benjamin Rush statue that currently stands in front of building 2 at BUMED will be moved to the Uniformed Services University of the Health Sciences in the upcoming months.

very coveted over the years. During the Kennedy Administration, Secretary of the Interior Stewart Udall once proposed moving the statue to 18th and Pennsylvania Avenue in Washington, DC (an area that was later dedicated to the memory

of journalist Edward R. Murrow). In 1975, Dickinson College—one of three schools co-founded by Dr. Rush—sought Congressional support in transferring the statue to their campus. Almost 30 years later, Trustees of the institution paid for a cast copy of the statue, which now sits at the College's historic quadrangle. And in 1976, the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Md., began their quest for the statue, over the years garnering support from Secretary of the Navy J. William Middendorf, and former Surgeons General Vice Adm. Donald Custis and Vice Adm. James Zimble.

With the Navy's departure from the Hilltop and the painful fact that BUMED would not be able to take the statue to Falls Church, the Office of Medical History in concert with the statue's "owner," the Navy Art Museum, sought a solution to keep it in the purview of military medicine. With the choices available, it was determined that USUHS would be a fitting place for a statue of an old professor of medicine. The statue will remain on federal ground, under federal control, and remain within the Navy collection.

One cannot deny that there can be few inspiring examples set before the students of USUHS than a statue of Dr. Benjamin Rush—an educator who taught so many of our republic's first Army and Navy physicians.

SAFETY

From page 7

this program in place and this kickoff gives us the perfect opportunity to pass on to everyone that this booklet is a great all-around training tool," Butler said, noting that the basic safety tips in the pocket-sized books are also a convenient way to teach and share with others in the departments and clinics.

"We'll put these handbooks to good use in ICU (Intensive Care Unit) to help increase our readiness in patient safety," said Hospitalman Gregory Anderson, of NHB's ICU/Critical Care.

The most visual and popular event throughout the week was the "Patient Safety Seek and Find" static and interactive display on the quarterdeck, where anyone could check their situational awareness (SA) for patient safety. The display featured a bed-ridden manikin patient, with associated medical and hospital props that may or may not be conducive to proper patient care. The goal was for each participant to try and find the 15 errors associated with the display.

"This display is for everyone, but especially our staff. We're hoping to get as many staff members involved as we can throughout the week and increase their awareness. Our overall

goal is for everyone to take a moment to try and see how many things they can find in the display that put the patient at risk," said Mayda Schaefer, Patient Safety Analyst, adding that this is the eighth consecutive year NHB has highlighted National Patient Safety Week with a kickoff ceremony.

Butler stressed that patients and family are a key part of the health care team. "We want them to realize there are good questions for their good health that they should address and discuss with their doctor, nurse and pharmacist every time we see them during a visit. "What is my main problem?" "What do I need to do?" "Why is it important for me to do this?" All these are legitimate questions that are in their right to ask," said Butler.

According to Butler, the 2012 National Patient Safety Goals for hospital staff and leaders will focus improving identifying patients correctly such as using at least 2-ways to identifying the patient; improving staff communications by getting important test results to the right staff person on time; improving infection prevention with such measures as advocating hand-cleansing guidelines; using medication safely by labeling medicines and medication containers not already labeled; and identifying patient safety risks correctly by identifying any patient who may be at risk for committing suicide.

Inauguration of new collaborative lab in Peru

From Naval Medical Research Unit - No. 6 Public Affairs

CUSCO, Peru - The Instituto de Medicina Tropical "Alexander Von Humboldt" Universidad Peruana Cayetano Heredia Sede Regional - Cusco was officially opened Jan. 9. This satellite laboratory was the vision of the University of Texas Medical Branch (UTMB) and the Universidad Peruana Cayetano Heredia (UPCH) with the support of Naval Medical Research Unit No. 6 (NAMRU-6).

When completely outfitted, this laboratory will provide a platform for routine microbiology and parasitology along with more molecular techniques, including quantitative and multiplex polymerase chain reaction. The hope is also to provide a lab for rotating students in which they may be provided experiences in clinical infectious disease research.

In charge of the facility is Dr. Miguel Cabada, who received his medical training at Cayetano University and later completed his residency at Jackson Memorial Hospital - University of Miami and fellowship in infectious diseases at UTMB. He currently holds faculty positions at both UPCH and UTMB and is quickly becoming a prominent researcher in diarrheal disease.

In attendance were Lt. Cmdr. (Dr.) Drake H. Tilley, NAMRU-6; Miss Kelsey O'Brien, NAMRU-6; Dr. Fabiola Leon Velarde, president of UPCH; Dr. Eduardo Gotuzzo, director of the Tropical Medicine Institute at UPCH; Dr. Clinton White, director of Infectious Disease at UTMB; Dr. Peter Melby, director of the Tropical Medicine Institute at UTMB; Dr.

Matthew Dacso, director of Global Health Education at UTMB; Dr. Galdys Concha, vice president for research at Universidad de San Antonio Abad del Cusco (UN-SAAC); and Dr. Ostwald Avendano, dean of the School of Medicine at UNSAAC.

Tilley and his NAMRU-6 team, which includes O'Brien, Dr. Claudio Lanata, Dr. Willy Lescano, Dr. Matt Kasper, and Dr. Michael Gregory, have been key supporters and have teamed up with Cabada in an ambitious project to study travelers' diarrhea within a Spanish-language school in Cusco.

The current project is designed to provide true incidence data concerning travelers' diarrhea, including those that carry pathogens asymptomatically. If successful, this project will pave the way for better immunologic assessments related to different pathogens and further clinical trials evaluating treatment options for this disease.

Overall, this relationship and new laboratory have dramatically expanded the capability to perform tropical medicine research within this region of Peru and is sure to foster great re-search projects to come.



Courtesy photo

From left to right, back to front: Dr. Matthew Dacso, Dr. Jose Luis Venero, Lt. Cmdr. (Dr.) Drake H. Tilley, Miss Kelsey O'Brien, Dr. Eduardo Gotuzzo, Dr. Fabiola Leon Velarde, Dr. Peter Melby, Dr. Clinton A. White, Dr. Ostwald Avendano, Dr. Martin Montes, Dr. Miguel Cabada, Mrs. Martha Lopez, Dr. Gladys Concha, Dr. Maria Cruz, Dr. Theresa Ochoa and Dr. Karen Mozo. The University of Texas Medical Branch and the Universidad Peruana Cayetano Heredia with the support of Naval Medical Research Unit No. 6 collaborated efforts to open the Instituto de Medicina Tropical "Alexander Von Humboldt" Universidad Peruana Cayetano Heredia Sede Regional - Cusco was officially opened Jan. 9.

Navy Medicine unit develops virus test kit

From Navy and Marine Corps Public Health Center Public Affairs

NORFOLK, Va. - Navy Environmental Preventive Medicine Unit (NEPMU) 2 in Norfolk announced March 12 the development of a norovirus testing kit to help identify outbreaks Navy-wide.

The testing kit was created by a research team led by Lt. Chris Coetzer, NEPMU-2 biochemist, to support the Navy and Marine Corps Public Health Center's (NMCPHC) initiative to better manage the burden of norovirus outbreaks and subsequent fleet manpower losses.

"We are rolling out the new kit to the fleet this spring, starting with ships that are deploying out of Norfolk," said Lt. Cmdr.

Jamal DeJli, director of the NEPMU-2 microbiology laboratory. "We will then we'll train the labs that service the fleet in other areas."

Noroviruses are the most common cause of acute gastroenteritis (AGI) worldwide. Cmdr. Cynthia Sikorski, NEPMU-2's Threat Assessment Department head, said the low dose required for the virus to produce infection and the ease with which it's transmitted make it extremely contagious.

"NEPMU-2's innovative sampling technique for norovirus outbreaks will have significant impact in understanding the epidemiology and true burden of the disease, and ultimately

Turmoil and vigilance at NATO Role 3 hospital

By Capt. Bruce C. Meneley, commanding officer,
NATO Role III Multinational Medical Unit Kandahar,
Afghanistan and Task Force Medical – South

Many of our staff will be rotating out soon and thoughts of home are frequently on their minds along with packing, getting ready to move, and turning over their jobs to the new arrivals. Even at the slowest times they remain vigilant though, ever mindful that any moment the pagers could go off indicating inbound casualties (as in the case when we recently received multiple casualties one afternoon after an armored vehicle was struck by an improvised explosive device or the rocket alert sounds indicating inbound rockets (although those too have thankfully been infrequent lately). Paperwork needs to be completed, evaluations signed, awards presented. In the combat theater as at home our focus is always and will continue to be patient care; part of that is making sure the command is ready for newly arriving staff, from updating standard operating procedures to the mundane tasks of restocking shelves.

New staff are arriving and getting settled into their quarters, oriented to the base and their workspaces, and beginning to learn the basics of trauma care. There is a lot to learn in a very short period of time, definitely “drinking from the fire hose.” They have high standards to attain, the current crew has done an exceptional job in taking care of our nation’s heroes and attaining the highest casualty survival rates ever seen in military history.

But the new crew are highly skilled, well trained and also



Courtesy photo

New staff arrive for duty at the NATO Role III Multinational Medical Unit Kandahar, Afghanistan.

remain ever vigilant. They are up to the challenge.

The region is in turmoil as well with recent events which have produced additional casualties. Ever mindful that we continue to operate in a combat zone, families of our staff can be assured we have adjusted our security posture appropriately to ensure the continued safety of the facility and staff which is our primary concern.

It continues to be an honor and privilege to serve with such a stellar team.

VIRUS

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enhance prevention efforts,” said Sikorski.

While norovirus is usually a mild, self-limiting disease, high morbidity and hospitalization rates are associated with it. The explosiveness of the outbreaks has the potential to significantly affect fleet operational mission capabilities. There are currently no vaccines or medicines that can prevent Norovirus infections, which increases the importance of the testing kit.

Approximately 50 percent of all reported AGI outbreaks are caused by norovirus. Symptoms of a norovirus infection may include the rapid-onset of acute vomiting, diarrhea, nausea and abdominal cramps.

Diarrhea is more common in children and vomiting in adults. Dehydration is the most common complication. Symp-

toms of the disease last an average of 12 to 60 hours. Unfortunately, there is no long-lasting immunity to norovirus; thus, outbreaks can affect people of all ages and in a variety of settings.

Coetzer said those suffering from this illness should drink lots of fluids to prevent dehydration and seek medical attention immediately. He also recommended regular hand washing, especially when coming in contact with potential contaminated sources.

“Contaminated surfaces in ship’s heads, medical, berthing, or other spaces where people gather may become important sources of new infections,” said Coetzer. “Norovirus can survive up to 12 hours on hard surfaces in the environment, and up to 12 days on contaminated carpet or textile materials such as swabs (mops) used for cleaning.”

The development of the new specimen collection method demonstrates the

innovative thought process that is the hallmark of the three Environmental and Preventive Medicine units located in Norfolk, San Diego and Hawaii, said Cmdr. Andrew Vaughn, NEPMU-2 officer-in-charge.

“Our personnel encounter real-world problems such as the need to collect specimens of a highly contagious pathogen and find practical solutions to safely and efficiently meet that need,” he said.

“Whether it is in the field of microbiology, prevention, industrial hygiene, entomology, environmental health, audiology or disease surveillance, NEPMU-2 personnel are always seeking to improve, streamline or simplify the process of accomplishing the mission with an eye toward conserving precious resources. Innovations like the norovirus testing kit support our ultimate goal of providing timely answers and relevant services to the fleet and Marine forces.”

To keep up with Navy
Medicine news and daily
updates follow us on...

